

11-27-01

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PTO/SB/05 (03-01)

Approved for use through 10/31/2002. OMB 0651-0032

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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**UTILITY
PATENT APPLICATION
TRANSMITTAL**(Only for new nonprovisional applications
under 37 CFR 1.53(b))

Attorney Docket No.	8786
First Inventor	Margaret Henderson Hasse, et al.
Assignee	The Procter & Gamble Company
Title	Tampon with Fluid Wicking Overwrap with Skirt Portion
Express Mail Label No.	EF258068245US

APPLICATION ELEMENTS

See MPEP Chapter 600 concerning utility patent application contents.

ADDRESS TO: **Commissioner for Patents
Box Patent Application
Washington, D.C. 20231**

- | | |
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| <p>1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17)
(Submit an original, and a duplicate for fee processing)</p> <p>2. <input type="checkbox"/> Applicant claims small entity status
(see 37 CFR §1.27)</p> <p>3. <input checked="" type="checkbox"/> Specification Total Pages [21]
(preferred arrangement set forth below)</p> <ul style="list-style-type: none">- Descriptive Title of the Invention- Cross References to Related Applications- Statement Regarding Fed sponsored R&D- Reference to sequence listing, a table, or a computer program listing appendix- Background of the Invention- Brief Summary of the Invention- Brief Description of the Drawings (if filed)- Detailed Description- Claim(s)- Abstract of the Disclosure <p>4. <input checked="" type="checkbox"/> Drawing(s) (35 USC §113) Total Sheets [2]</p> <p>5. Oath or Declaration Total pages [2]</p> <ul style="list-style-type: none">a. [2] Newly executed (original or copy)b. <input type="checkbox"/> Copy from a prior application (37 CFR §1.63(d))
(for continuation/divisional with Box 18 complete)i. <input type="checkbox"/> DELETION OF INVENTORS
Signed statement attached deleting inventor(s)
named in the prior application,
see 37 CFR §§1.63(d)(2) and 1.33(b). <p>6. <input type="checkbox"/> Application Data Sheet. See 37 CFR §1.76</p> | <p>7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)</p> <p>8. Nucleotide and/or Amino Acid Sequence Submission
(if applicable, all necessary)</p> <ul style="list-style-type: none">a. <input type="checkbox"/> Computer Readable Form (CRF)b. Specification Sequence Listing on:<ul style="list-style-type: none">i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); orii. <input type="checkbox"/> Paperc. <input type="checkbox"/> Statement verifying identity of above copies |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

ACCOMPANYING APPLICATION PARTS

9. ☐ Assignment Papers (cover sheet & document(s))
10. ☐ 37 CFR 3.73(b) Statement ☐ Power of Attorney
(when there is an assignee)
11. ☐ English Translation Document (if applicable)
12. ☐ Information Disclosure ☐ Copies of IDS
Statement (IDS)/PTO-1449 Citations
13. ☐ Preliminary Amendment
14. ☒ Return Receipt Postcard (MPEP 503)
(Should be specifically itemized)
15. ☐ Certified Copy of Priority Document(s)
(if foreign priority is claimed)
16. ☐ Nonpublication Request under 35 U.S.C.
122(b)(2)(B)(i). Applicant must attach form
PTO/SB/35 or its equivalent.
17. ☐ Other:

18. If a **CONTINUING APPLICATION**, check appropriate box and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR §1.76:

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP)of prior application No. 1

Prior application information:

Examiner: _____

Group/Art Unit: _____

For **CONTINUATION OR DIVISIONAL APPS** only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

19. CORRESPONDENCE ADDRESS

☒ Customer Number or Bar Code Label (Insert Customer No. or Attach bar code label here)
27752

Name (Print/Type)	Kirsten K. Stone	Registration No. (Attorney/Agent)	42,129
Signature	<i>Kirsten K. Stone</i>	Date	11/16/01

+ Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, D.C. 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Box Patent Application, Washington, D.C. 20231.

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**FEE TRANSMITTAL
for FY 2002**

Patent fees are subject to annual revision.

Complete if Known

Application Number	To Be Assigned
Confirmation Number	To Be Assigned
Filing Date	November 16, 2001
First Named Inventor	Margaret Henderson Hasse, et al.
Examiner Name	To Be Assigned
Group/Art Unit	To Be Assigned
Attorney Docket No.	8786

TOTAL AMOUNT OF PAYMENT (\$740.00)**METHOD OF PAYMENT (check one)**

- 1.
- ☒
- The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:

Deposit Account Number **16-2480**Deposit Account Name **The Procter & Gamble Company**

- ☒
- Charge Any Additional Fee Required Under status. 37 C.F.R. §§1.16 and 1.17

FEE CALCULATION**1. BASIC FILING FEE – Large Entity**

Code (\$)	Fee Description	Fee Paid
101 740	Utility filing fee	[740]
106 330	Design filing fee	<input type="checkbox"/>
108 740	Reissue filing fee	<input type="checkbox"/>
114 160	Provisional filing fee	<input type="checkbox"/>
SUBTOTAL (1)		(\$)[740]

2. EXTRA CLAIM FEES – Large Entity

	Extra Claims	Fee from Below	Fee Paid
Total Claims	[20] - 20** = [0]	x <input type="checkbox"/>	= [0]
Independent Claims	[3] - 3** = [0]	x <input type="checkbox"/>	= [0]
Multiple Dependent		<input type="checkbox"/>	= <input type="checkbox"/>

** or number previously paid, if greater; For Reissues, see below

Code (\$)	Fee Description
103 18	Claims in excess of 20
102 84	Independent claims in excess of 3
104 280	Multiple dependent claim, if not paid
109 84	**Reissue independent claims over original patent
110 18	**Reissue claims in excess of 20 & over original patent

SUBTOTAL (2) (\$)[0]**FEE CALCULATION (continued)****3. ADDITIONAL FEES**

Code (\$)	Fee Description	Fee Paid
105 130	Surcharge-late filing fee or oath	<input type="checkbox"/>
127 50	Surcharge-late provisional filing fee or cover sheet	<input type="checkbox"/>
139 130	Non-English specification	<input type="checkbox"/>
147 2,520	For filing a request for <i>ex parte</i> reexamination	<input type="checkbox"/>
112 920*	Requesting publication of SIR prior to Examiner's action	<input type="checkbox"/>
113 1,840*	Requesting publication of SIR after Examiner's action	<input type="checkbox"/>
115 110	Extension for reply within 1 st month	<input type="checkbox"/>
116 400	Extension for reply within 2 nd month	<input type="checkbox"/>
117 920	Extension for reply within 3 rd month	<input type="checkbox"/>
118 1,440	Extension for reply within 4 th month	<input type="checkbox"/>
128 1,960	Extension for reply within 5 th month	<input type="checkbox"/>
119 320	Notice of Appeal	<input type="checkbox"/>
120 320	Filing a brief in support of an appeal	<input type="checkbox"/>
121 280	Request for oral hearing	<input type="checkbox"/>
138 1,510	Petition to institute a public use proceeding	<input type="checkbox"/>
140 110	Petition to revive - unavoidable	<input type="checkbox"/>
141 1,280	Petition to revive - unintentional	<input type="checkbox"/>
142 1,280	Utility issue fee (or reissue)	<input type="checkbox"/>
143 460	Design issue fee	<input type="checkbox"/>
122 130	Petitions to the Commissioner	<input type="checkbox"/>
123 50	Petitions related to provisional applications	<input type="checkbox"/>
126 180	Submission of Information Disclosure Statement	<input type="checkbox"/>
146 740	Filing a submission after final rejection (37 CFR § 1.129(a))	<input type="checkbox"/>
149 740	For each additional invention to be examined (37 CFR §1.129(b))	<input type="checkbox"/>
179 740	Request for Continued Examination (RCE)	<input type="checkbox"/>
169 900	Request for expedited examination of a design application	<input type="checkbox"/>
091 1280	Acceptance of unintentionally delayed claim for priority under 35 U.S.C. 119, 120, 121, or 365 (a) or (c)	<input type="checkbox"/>
Other fee (specify) _____		<input type="checkbox"/>
Other fee (specify) _____		<input type="checkbox"/>

* Reduced by Basic Filing Fee Paid **SUBTOTAL(3) (\$)[]****SUBMITTED BY**Name (Print/Type) **Kirsten K. Stone**Registration No. **42,129**
(Attorney/Agent)**Complete (if applicable)**Telephone **(513) 634-5562**

Signature _____

Date **11/16/01**

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